

## **TITLE III/VII SERVICE UNIT PLAN OBJECTIVES**

PSA # \_\_\_\_\_

**2005 – 2009 Four Year Planning Period**

**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

For discretionary services that will not be provided, check the Not Applicable box ☐.

### **TITLE III/VII**

**1. Personal Care (In-Home)♦**

**Units of Service = (1-Hour)**

**Not Applicable: ☐ (check)**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**2. Homemaker (In-Home)♦**

**Units of Service = (1-Hour)**

**Not Applicable: ☐ (check)**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**3. Chore (In-Home)♦**

**Units of Service = (1-Hour)**

**Not Applicable: ☐ (check)**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

♦ Indicates Title III-B Priority Services

**4. Home Delivered Meals****Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**5. Adult Day Care/Health\*****Units of Service = (1-Hour)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**6. Case Management (Access)\*****Units of Service = (1-Hour)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**7. Congregate Meals****Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**8. Nutrition Counseling****Units of Service = (1-Hour)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

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**9. Assisted Transportation (Access)♦****Units of Service = (One 1-way trip)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**10. Transportation (Access)♦****Units of Service = (One 1-way trip)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**11. Legal Assistance♦****Units of Service = (1-Hour)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**12. Nutrition Education****Units of Service = (1-Session)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**13. Information and Assistance (Access)♦****Units of Service = (1-Contact)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

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♦ Indicates Title III-B Priority Services

**14. Outreach (Access)\***

**Units of Service = (1-Contact)**  
**Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**15. NAPIS Service Category 15 – “Other” Title III Services**

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994.)
- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122). [**Title III B Example:** Service Category: Community Services/Senior Center Support. Units of Service: 1 hour – Activity Scheduling.]

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** \_\_\_\_\_

**Units of Service** <sup>E</sup> (\_\_\_\_)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** \_\_\_\_\_

**Units of Service** <sup>E</sup> (\_\_\_\_)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** \_\_\_\_\_

**Units of Service** <sup>E</sup> (\_\_\_\_)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry Required

<sup>E</sup> Entry Required

<sup>E</sup> Entry Required

**Title III D, Disease Prevention/Health Promotion****Service Activity:** \_\_\_\_\_**Units of Service** <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion****Service Activity:** \_\_\_\_\_**Units of Service** <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management****Service Activity:** \_\_\_\_\_**Units of Service** <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management****Service Activity:** \_\_\_\_\_**Units of Service** <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry Required<sup>E</sup> Entry Required

**Title III D, Medication Management****Service Activity:** \_\_\_\_\_**Units of Service** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management****Service Activity:** \_\_\_\_\_**Units of Service** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"****Service Category:** \_\_\_\_\_**Units of Service and Activity** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"****Service Category:** \_\_\_\_\_**Units of Service and Activity** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>£</sup> Entry Required

**Title III B, "Other Supportive Services"**

**Service Category:** \_\_\_\_\_

**Units of Service and Activity** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

**Service Category:** \_\_\_\_\_

**Units of Service and Activity** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

**Service Category:** \_\_\_\_\_

**Units of Service and Activity** <sup>£</sup> ( \_\_\_\_\_ )

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

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<sup>£</sup> Entry Required

**LONG-TERM CARE OMBUDSMAN**  
**(Title III B and Title VII a)**

**Note: For completion of this section, see Instructions for SUP Objective Guidelines**

**Total number of cases to be closed:** Units of Service = (one closed case)

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Training for Ombudsman staff and volunteers**

(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Hours
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total Number of Trainees
2005-06	
2006-07	
2007-08	
2008-09	

**Visits**

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	
2006-07	
2007-08	
2008-09	

**Visits, cont.**

Fiscal Year	Projected Number of Volunteers needed
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Existing Volunteers
2005-06	
2006-07	
2007-08	
2008-09	



## **ELDER ABUSE PREVENTION SERVICES (TITLE VII b)**

**Actual Units of Service for the tables below will be reported in NAPIS Service Category 15**

**The services provided with the units of service will be reported in the Year End Report.**

**Activities that support the coordination of elder abuse prevention, investigation, and/or prosecution.**

**Units of Service = (1 Hour)**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

### **Other Title VII b activities from Division 4000.**

**Service Category:** \_\_\_\_\_

**Units of Service <sup>£</sup> ( \_\_\_\_\_ )**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Service Category:** \_\_\_\_\_

**Units of Service <sup>£</sup> ( \_\_\_\_\_ )**

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

### **Other Program Accomplishments**

Fiscal Year	Total # of Public Education Sessions
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Developed (Products)
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Distributed (Documents)
2005-06	
2006-07	
2007-08	
2008-09	

**<sup>£</sup> Entry Required**